24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The 2016 Committee		C C00569905
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed	
Full Name of Payee ADVANCED RESPONSE SYSTEMS		Date of Public Distribution/Dissemination
		08 10 2015
Mailing Address 13175 GEORGE WEBER DRIVE	Amount	
City State Zip 0	Code	1500.00
ROGERS MN 553	74-8900	Transaction ID : SE24.1073 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE Cat	tegory/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	Sought: House District:
DR. BEN CARSON	Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 166607		rsement For:
Full Name of Payee		Date of Public Distribution/Dissemination
ALLEGRA		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 45668 TERMINAL DRIVE		Amount
City State Zip	Code	131.09
DULLES VA 201	66-4390	Transaction ID : SE24.1076 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING Cat	tegory/ Type 004	08 10 2015
Name of Federal Candidate	Support Office	Sought: House District:
DR. BEN CARSON	Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbu 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1631.09
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	•	1031.09
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Robert Frank [Electronically	Filed] Date 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE

Transaction ID : SE24.1073

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$29.41 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1076

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.57 has been allocated equally to each of the remaining schedule primary elections.

Schedule E)		PAGE 3 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The 2016 Committee		C C00569905
Check if 24-hour report X 48-hour report New report	Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.]	Date of Public Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD		08 10 2015
SUITE 490	A	Amount
City State Zip Co	ode	17555.27
MC LEAN VA 22102		Transaction ID : SE24.1089 Date of Disbursement or Obligation
Purpose of Expenditure AGENCY FEES - CONSULTING Cate	gory/ Type 004	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office S	Sought: House District:
DR. BEN CARSON	Oppose X P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 1683764.		ement For:
Full Name of Payee]	Date of Public Distribution/Dissemination
COLORTREE GROUP, INC.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 VILLA PARK DRIVE	,	Amount
City State Zip Co	ode	8415.58
RICHMOND VA 23223		ransaction ID : SE24.1091 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING Cate	gory/ Type 004	08 10 / 2015
Name of Federal Candidate	Support Office S	Sought: House District:
DR. BEN CARSON		resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 1692	Disburs 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	25970.85
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Robert Frank [Electronically F	iled] Date 01	12 / 2016
-		

: 97 A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE

Transaction ID : SE24.1089

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$344.22 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1091

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$165.01 has been allocated equally to each of the remaining schedule primary elections.

Schedule E)	PAGE 5 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee D&D UNLIMITED, INC.	Date of Public Distribution/Dissemination
Mailing Address 524 MID FLORIDA DR.	08 10 2015 Amount
SUITE 202	
City State Zip Code ORLANDO FL 32824-7057	2181.04 Transaction ID : SE24.1092 Date of Disbursement or Obligation
Purpose of Expenditure FULFILLMENT ITEMS - MUGS & MAGNETS Category/ Type 004	08 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
DD DEN CARSON	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
ECG DATA CENTER	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 SPRING HILL ROAD	Amount
SUITE 490	
City State Zip Code MCLEAN VA 22102-3028	100.00 Transaction ID : SE24.1096
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
DR. BEN CARSON Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2281.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
[Electronically Filed] Date	01 12 2016
Signature	

: 97 A = G7 9 @ G B 9 C I G H 9 L H F 9 @ 5 H 9 8 H C 5 F 9 D C F H Z G7 < 98 I @ C F H 9 A = N 5 H C B

Form/Schedule: SE

Transaction ID : SE24.1092

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$42.76 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1096

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.96 has been allocated equally to each of the remaining schedule primary elections.

Schedule E)	LAFLINDI	TOTILO		PAGE 7 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
The 2016 Committee				C00569905
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee ECG DATA CENTER			Date of Public	Distribution/Dissemination
Mailing Address 1420 SPRING HILL ROAD			08 Amount	10 2015
SUITE 490			7 till Galit	
City	State	Zip Code		2039.33
MCLEAN Purpose of Expenditure	VA	22102-3028		D: SE24.1097 irsement or Obligation
DIRECT MAIL - POSTAGE		Category/ Type 004	08	10 / 2015
Name of Federal Candidate		Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, 16	96500.12	Disbursement For: 2016 Other (sp	Primary General ecify) ▶
Full Name of Payee			Date of Public	c Distribution/Dissemination
INTERNATIONAL DATA MANAGEME	NT, INC.		08	10 / 2015
Mailing Address 490 WHITE POND DRIVE			Amount	
City	State	Zip Code		1660.12
AKRON	ОН	44320-1122	Transaction ID Date of Disbu	D: SE24.1100 ursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	M 08	10 / 2015
Name of Federal Candidate		X Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	1698160.24	Disbursement For: 2016 Other (sp	Primary General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		>	3699.45
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 1 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Robert Frank	[Electroni	ically Filed] Date	01 / 12	/ Y Y Y Y Y Y 2016
Signature				

: 97 A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE

Transaction ID : SE24.1097

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$39.99 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1100

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$32.55 has been allocated equally to each of the remaining schedule primary elections.

Schedule E)	LXI LINDI	TONES		PAGE 9 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
The 2016 Committee				C00569905
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee MDI IMAGING & MAIL			M	
Mailing Address 21955 CASCADES PARKWAY			O8 Amount	3 10 2015
City State Zip Code				62.22
DULLES	VA	20166-9211		tion ID : SE24.1104 Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	M 08	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	16	98222.46	Disbursement F 2016 Othe	For:
Full Name of Payee			Date of	Public Distribution/Dissemination
RST MARKETING			M 08	
Mailing Address 1272 CORPORATE PARK ROAD			Amount	
City	State	Zip Code		10005.58
FOREST	VA	24551-2277		ion ID : SE24.1110 Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	M 08	
Name of Federal Candidate		X Support	Office Sought:	House District:
DR. BEN CARSON		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		1708228.04	Disbursement F 2016 Othe	For: X Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			,	10067.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Robert Frank	[Electroni	ically Filed] Date	M M / D	12 2016
Signature	Latenoni	Cally Filea Date		2010

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Form/Schedule: SE

Transaction ID : SE24.1104

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1.22 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1110

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$196.19 has been allocated equally to each of the remaining schedule primary elections.

Schedule E)	I LAPLINDI	TUNES		PAGE 11 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
The 2016 Committee				C C00569905
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee SISK FULFILLMENT SERVICES				of Public Distribution/Dissemination
Mailing Address 1900 INDUSTRIAL PARK ROAD			_ L	08 10 2015
			Amou	nt
City	State	Zip Code		1063.70
FEDERALSBURG	MD	21632-2667		action ID : SE24.1114 of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	M	08 10 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:
DR. BEN CARSON		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	17	09291.74	Disbursemen 2016 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
WESTLAND PRINTERS			TN	08 / 10 / 2015
Mailing Address 14880 SWEITZER LANE			Amou	nt
City	State	Zip Code	$-\Gamma$	277641.81
LAUREL	MD	20707-2913		oction ID : SE24.1117 of Disbursement or Obligation
Purpose of Expenditure FULFILLMENT ITEMS - BOOKS		Category/ Type 004	N	08 / 10 / 2015
Name of Federal Candidate		Support	Office Sough	t: House District:
DR. BEN CARSON		Oppose	X Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	1986933.55	Disbursemen 2016	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	2			279705 54
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURE.				278705.51
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Robert Frank	[Electron	ically Filed] Date	01	12 2016
Signature				

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SE

Transaction ID : SE24.1114

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$20.86 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1117

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5,443.96 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	D11 01120	PAGE 13 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
The 2016 Committee	C C00569905	
Check if 24-hour report X 48-hour report New re	report Amends report f	filed on
Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination
Mailing Address 6304 SHERIFF RD.		08 10 2015 Amount
STE Z	7:- O-do	179.04
City State LANDOVER MD	Zip Code 20785-4361	178.04 Transaction ID : SE24.1123 Date of Disbursement or Obligation
Purpose of Expenditure DIRECT MAIL -PRINTING	Category/ Type 004	08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District:
DR. BEN CARSON		President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	· · ·	Date of Public Distribution/Dissemination
Mailing Address		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
	I.	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
,	,	Other (specify) =
(a) SUBTOTAL of Itemized Independent Expenditures		178.04
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	ronically Filed] Date	01 12 2016
Signature		

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE

Transaction ID : SE24.1123

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$178.04 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: Transaction ID: